

<b>Artists in Residence</b>	Sponsor _____ (the institution that submitted the grant)	
	WSAC	Residency Site _____ City _____
	04-05	Site Coordinator _____ Phone _____
		Name of Artist _____
		Dates of Residency _____

**All individual-site, direct Residency Grant recipients will mail this form to the Arts in Education Program, Washington State Arts Commission, PO Box 42675, Olympia, WA 98504-2675.**

1. \_\_\_\_\_ How many classes will the artist be working with? (Six classes is the maximum in a two-week residency.)
2. \_\_\_\_\_ Are any of the classes over 35 students? (35 is the maximum)
3. \_\_\_\_\_ How many hours per day will the artist conduct workshops? (Four hours per day is the maximum.)
4. \_\_\_\_\_ What is the maximum number of groups or classes the artist will work with in one day? (Four classes or groups are the maximum.)
5. \_\_\_\_\_ Has each teacher involved seen and understood the program guidelines?
6. \_\_\_\_\_ If requested, has studio space been identified for the artist?
7. \_\_\_\_\_ Has a contract between artist and sponsor been prepared, and will the artist be paid according to Washington State Arts Commission contract requirements?

8. \_\_\_\_\_ Have publicity plans been made?

9. \_\_\_\_\_ Have plans been made by sponsor to purchase and/or rent supplies?

10. Please list the date and time of the mandatory minimum 2 hour teacher workshop.

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11. Please list the date, time, and place of the mandatory community outreach event.

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12. How many hours is the residency (total hours the artist is being paid for)

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13. **Please attach a complete residency schedule** to include dates, times, or activity (such as teacher workshop, community outreach, or studio time) and last name of teacher of each contact class. (Form is not complete without schedule.)

14. **Please attach a list of the residency goals and objectives set by the site committee and artist.**

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Sponsor contact

date

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Site coordinator

date

\*If you need help filling out this form, please call the Arts In Education Program manager at (360) 586-2418.

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		Name of Artist _____
		Dates of Residency _____

Arts in Education Program  
Washington State Arts Commission  
PO Box 42675  
Olympia, WA 98504-2675

Sponsor contact	date
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Site coordinator	date
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<b>Artists in Residence</b>	Sponsor _____	
	(the institution that submitted the grant)	
WSAC	Residency Site _____	City _____
02-03	Site Coordinator _____	Phone _____
	Name of Folklorist _____	
	Dates of Residency _____	

Arts in Education Program  
Washington State Arts Commission  
PO Box 42675  
Olympia, WA 98504-2675

1. \_\_\_\_\_ How many classes will the folklorist be working with? (Six classes is the maximum in a two-week residency.)
2. \_\_\_\_\_ Are any of the classes over 35 students? (35 is the maximum)
3. \_\_\_\_\_ How many hours per day will the folklorist conduct workshops? (Four hours per day is the maximum.)
4. \_\_\_\_\_ What is the maximum number of groups or classes the folklorist will work with in one day? (Four classes or groups is the maximum.)
5. \_\_\_\_\_ Has each teacher involved seen and understood the program guidelines?
6. \_\_\_\_\_ Has a contract between folklorist and sponsor been prepared, and will the folklorist be paid according to Washington State Arts Commission contract requirements?
7. \_\_\_\_\_ Have publicity plans been made?
8. \_\_\_\_\_ Have plans been made by sponsor to purchase and/or rent supplies?
9. Please list the date and time of the mandatory hour teacher workshop.

10. **Please attach a complete residency schedule** to include dates, times, or activity and last name of teacher of each contact class. (Form is not complete without schedule.)
11. **Please attach a list of the residency goals and objectives set by the site committee and artist.**

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Sponsor contact date

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Site coordinator date

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